## BEST AVAILABLE CURY

| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004   |  |   |  |                                   |              |                                       |   |                     | Application or Docket Number                     |     |                            |                        |
|--|--|---|--|-----------------------------------|--------------|---------------------------------------|---|---------------------|--|-----|----------------------------|------------------------|
|  | · · · · · · · · · · · · · · · · · · ·                                    | CLAIMS                                    | AS FILED -<br>(Colum   |                                   | (Column 2)   |                                       |   | SMALL EN            |  | OR  | OTHER THAN<br>SMALL ENTITY |                        |
| U.S. NATIONAL STAGE FEES   |  |   |  |                                   |              |                                       | 1 | RATE                | FEE  | ٦ . | RATE                       | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150  |                                   | LAR          | GE ENT. = \$ 300                      | 1 | BASIC FEE           | <del> </del>                                     | OR  |                            | 2/1/                   |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$100                   |                                   |              | other situations =<br>\$ 100 / \$ 200 | 1 | EXAM, FEE           | <del>                                     </del> | ┨҉  | EXAM. FEE                  | 2/11/                  |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                   | All c        | other situations =<br>\$ 250 / \$ 500 |   | SEARCH FEE          |  |     | SEARCH FEE                 | N/////                 |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =  |                                   |              | /50 ≐                                 |   | X \$ 125 =          | <b></b>  | 1   | X \$ 250 =                 | 1000                   |
| TOTAL CHARGEABLE CLAIMS  |  |   | 28 mir   | nus 20 =                          | •            |                                       |   | X \$ 25 =           | <del> </del>                                     | OR  | X \$ 50 =                  | <del> </del>           |
| INDEPENDENT CLAIMS   |  |   | 7 m  | inus 3 =                          | •            |                                       |   | X \$ 100 =          | <del> </del> -                                   | OR  | <u> </u>                   | ╂                      |
| MUL  | TIPLE DEPEN  | DENT CLAIM PR                             | ESENT  |                                   |              |                                       |   | + \$ 180 =          |  | -   | X \$ 200 =                 | <u> </u>               |
| • if   | * If the difference in column 1 is less than zero, enter "0" in column 2 |   |  |                                   |              |                                       |   | TOTAL               |  | OR  | + \$ 360 =                 | ļ                      |
| <b></b>  |  |   |  |                                   |              |                                       |   |                     | L  | OR  | TOTAL                      |                        |
|  | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |   |  |                                   |              |                                       |   | SMALL E             | NTITY  | OR  | OTHER<br>SMALL E           |                        |
| AMENDMENT A  | 7/3/64   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 10   | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>US' : | PRESENT<br>EXTRA                      |   | RATE                | ADDI-<br>TIONAL<br>FEE                           | ·   | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | 10  | Minus  | <b>"</b> 2                        | 8            |                                       | Ì | X \$ 25 =           |  | OR  | X \$ 50 =                  |                        |
|  | Independent  | 1 / .                                     | Minus  | ***                               | 3            | =                                     | Ì | X \$ 100 =          |  | OR  | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |   |  |                                   |              |                                       | Ì | + \$ 180 =          |  | OR  | + \$ 360 =                 | <del></del>            |
|  |  |   |  |                                   |              |                                       |   | TOTAL ADDIT.<br>FEE | <u>-</u>   | OR  | TOTAL ADDIT.               |                        |
|  | •  | 40-1                                      |  |                                   |              |                                       |   |                     |  |     | FEE                        | •                      |
| _  |  | (Column 1)<br>CLAIMS                      | · ·  | (Colum<br>HIGHE                   |              | (Column 3)                            | • |                     |  |     |                            |                        |
| AMENDMENT B  |  | REMAINING · AFTER AMENDMENT               |  | NUMB<br>PREVIOU<br>PAID F         | ER<br>JSLY   | PRESENT<br>EXTRA                      |   | RATE                | ADDI-<br>TIONAL<br>FEE                           |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus  | **                                |              | Ė                                     | Γ | X \$ 25 =           |  | OR  | X \$ 50 =                  |                        |
| AME  | Independent  | •   | Minus  | ***                               |              | =                                     | T | X \$ 100 =          |  | OR  | X \$ 200 =                 | ·                      |
|  | FIRST PRESI  | ENTATION OF M                             | ULTIPLE DEPE   | NDENT CI                          | LAIM         |                                       |   | + \$ 180 =          |  | OR  | + \$ 360 =                 |                        |
|  |  |   |  |                                   |              |                                       | Ļ | OTAL ADDIT.<br>FEE  |  | L   | OTAL ADDIT.                |                        |
|  |  |   |  |                                   |              |                                       |   |                     |  |     | FEE _                      |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than '2', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |                                   |              |                                       |   |                     |  |     |                            |                        |